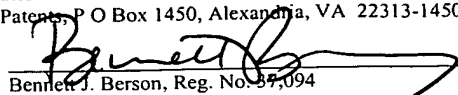


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Date of Signature and Deposit: January 17, 2007


Bennett J. Berson, Reg. No. 37,094

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Avshalom Caspi
Terrie E. Moffitt

Date: January 17, 2007

Serial No.: 10/617,453

Art Unit: 1634

Filing Date: July 11, 2003

Examiner: Juliet C. Switzer

Title: METHOD FOR ASSESSING BEHAVIORAL
PREDISPOSITION

File No.: 960296.99497

Confirmation No.: 5194

INFORMATION DISCLOSURE STATEMENT

Mail Stop Amendment
Commissioner for Patents
P O Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Enclosed is completed form PTO/SB/08b listing documents that Applicants wish to bring to the attention of the Examiner for consideration in connection with the examination on the merits of the above-identified application. The following are submitted in compliance with 37 C.F.R. §§ 1.97-1.98 and in accordance with 37 C.F.R. § 1.97(c). Where appropriate, copies of the necessary documents are enclosed in compliance with 37 C.F.R. § 1.98(a)(2).

The information listed in the accompanying form PTO/SB/08b and provided herewith may be material to the above-identified application and is submitted in compliance with the requirements of 37 C.F.R. §1.56.

01/23/2007 EAREGAY1 00000030 170055 10617453

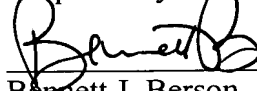
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Fees

Please charge the fee according to 37 C.F.R. § 1.17(p), believe to be \$ 180.00, to Deposit Account No. 17-0055. No additional fees are believed due; however, if any fees are due, in this or any subsequent response, please charge Deposit Account 17-0055.

Respectfully submitted,



Bennett J. Berson

Reg. No. 37,094

Attorney for Applicants

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Madison, WI 53701-2113

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Substitute for form 1449/PTO

**INFORMATION DISCLOSURE
STATEMENT BY APPLICANT**

(Use as many sheets as necessary)

Complete if Known

Application Number	10/617,453
Filing Date	July 11, 2003
First Named Inventor	Avshalom Caspi
Art Unit	1634
Examiner Name	Juliet C. Switzer
Attorney Docket Number	960296.99497

Sheet 1

of 1

NON PATENT LITERATURE DOCUMENTS

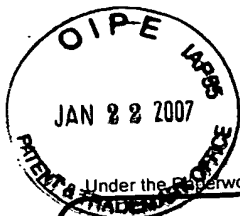
Examiner Initials*	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
		Caspi A, et al., "Influence of life stress on depression: moderation by a polymorphism in the 5-HTT gene," Science 301:386-389 (2003).	
		Caspi A, et al., "Moderation of the effect of adolescent-onset cannabis use on adult psychosis by a functional polymorphism in the catechol-O-methyltransferase gene: longitudinal evidence of a gene X environment interaction," Biol. Psychiatry. 57:1117-1127 (2005).	
		Kim-Cohen J, et al., "MAOA, maltreatment, and gene-environment interaction predicting children's mental health: new evidence and a meta-analysis," Mol. Psychiatry. 11:903-913 (2006).	
		Moffitt T, et al., "Measured Gene-Environment Interactions in Psychopathology: Concepts, Research Strategies, and Implications for Research, Intervention, and Public Understanding of Genetics," Persp. Psychol. Sci. 1:5-27 (2006).	

Examiner
SignatureDate
Considered

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached. This collection of information is required by 37 CFR 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (07-06)

Approved for use through 01/31/2007. OMB 0651-0032

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 180.00

Complete if Known

Application Number	10/617,453
Filing Date	July 11, 2003
First Named Inventor	Avshalom Caspi
Examiner Name	Juliet C. Switzer
Art Unit	1634
Attorney Docket No.	960296.99497

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: 17-0055 Deposit Account Name: Quarles & Brady

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Fee (\$)	Small Entity Fee (\$)
50	25
200	100
360	180
Multiple Dependent Claims	
Fee (\$)	Fee Paid (\$)

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=	

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	=	

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Submission of Information Disclosure Statement

180.00

SUBMITTED BY

Signature

Registration No. 37,094
(Attorney/Agent)

Telephone 608.251.5000

Name (Print/Type) Bennett J. Berson

Date January 17, 2007

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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